ST. PAUL ELECTRICAL WORKERS HEALTH PLAN
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ST. PAUL ELECTRICAL WORKERS HEALTH PLAN
SUMMARY OF MATERIAL MODIFICATIONS

To: All Participants and Beneficiaries

From: Board of Trustees

Date: June 1, 2026

Re: Minnesota Paid Family and Medical Leave

The Board of Trustees has adopted changes to the Plan to incorporate language regarding Minnesota Paid Family and Medical Leave and has also made a minor modification to the language in the Disability Benefit to clarify who is eligible to receive such benefits.

Introduction - Minnesota Paid Family and Medical Leave

Effective January 1, 2026, Minnesota has enacted a Paid Family and Medical Leave ("PFML") law, which mandates job protection and wage replacement benefits.

PFML permits eligible employees to take up to 12 weeks of medical leave and up to 12 weeks of family leave per year. Generally, PFML covers the following types of leave and conditions:

- Family leave to care for a new child (birth, adoption, fostering) or for a family member with a serious health condition.
- Medical leave to care for one's own medical needs related to a serious health condition or pregnancy.
- Safety leave to seek medical attention or to stay safe or to help a family member seek medical attention or stay safe because of domestic abuse, sexual assault, or stalking.
- Qualifying exigency for emergencies related to a family member's call or order to active duty.

The *paid leave* under PFML is provided by the state of Minnesota, not the Plan. However, the PFML law impacts your coverage under the Plan as well as the availability of the Plan's disability and maternity benefits under the Disability Benefit Plan.

To protect and continue your benefits under the Plan while taking paid family and medical leave, you must comply with the amended provisions below.

1. **The Plan's provisions regarding Coverage During a Family and Medical Leave of Absence are deleted and replaced with the following section entitled "Coverage During a Paid Family and Medical Leave of Absence" which will provide as follows:**

Coverage During a Minnesota Paid Family and Medical Leave of Absence

If You cease to work due to a medical or family leave of absence in accordance with the requirements of the Minnesota Paid Family and Medical Leave Law (Minnesota PFML) coverage will be continued under the same terms and conditions as if You continued to work.

To receive your continued coverage, you must inform the Fund Office that you are taking a leave under Minnesota PFML, and that such leave has been approved by the State of Minnesota, so that your coverage under the Plan will continue.

Your employer will report your Minnesota PFML hours up to a maximum of 135 hours in a month depending upon the overall length of your leave. If for any reason you think your employer has underreported your hours due to Paid Family and Medical Leave, please reach out to the Fund Office.

2. **The Plan's "General Provisions" regarding the Disability Benefit Plan are amended to clarify that only Regular Employees are eligible for the Disability Benefit:**

Disability Benefit Plan

Only Regular Employees (bargaining, non-bargaining and LEA) on whose behalf contributions are made to the Plan by the employer specifically for the Disability Benefit Plan are eligible for disability benefits.

General Provisions

The Trustees may require a second Doctor's opinion before commencing benefit payments for Your Temporary Total Disability or Total and Permanent Disability. Benefits consist of income replacement benefits and free medical coverage.

The second Doctor will be selected by the Board of Trustees. If the first two Doctors do not agree, the opinion of a third Doctor mutually agreeable to the first two Doctors will be required. If the second and third Doctors determine that You are not disabled, no benefits will be paid. The Plan will pay for any required second or third opinions.

Disability Benefits	**Employee Only**
Temporary Total Disability Income Replacement Benefit	
• Maximum Weekly Benefit	$740
• Maximum Duration Benefits Begin	up to 26 weeks On first day of Injury or eighth day for an Illness or first day if hospitalization or with surgery
*Maternity Leave Income Replacement Benefit	
• Weekly Benefit	$750
• Duration of Benefit	8 paid weeks for natural childbirth starting on date of delivery

	12 paid weeks for Caesarean Section starting on the date of delivery
Own Occupation Temporary Disability Income Replacement Benefit • Weekly Benefit • Maximum Duration	Half the benefit received for Temporary Total Disability twenty-four (24) months
Permanent Total Disability Income Replacement Benefit • Monthly Benefit • Maximum Total Benefit	 $325 $20,500
Medical Coverage During Temporary Disability	Free for up to thirty (30) months
Medical Coverage During Permanent Disability	Free

3. Effective January 1, 2026 – Hours Reported for Minnesota Paid Family and Medical Leave

If, prior to receiving this notice, you have had a Minnesota Paid Family and Medical Leave on or after January 1, 2026, and your employer has not submitted a report reflecting those hours, please reach out to the Fund Office.

Keep this notice, also called a "Summary of Material Modification" or "SMM" with your Summary Plan Description (SPD) for the St. Paul Electrical Workers Health Plan (restated effective January 1, 2017).

If you have any questions, please contact the Plan Administrator, Wilson-McShane Corporation, at 952-851-5949.